

Boarding Release Form

Date: _____

Client ID:

Client Name:

Address:

Telephone:

Patient ID:

Name:

Species:

Breed:

Sex:

Color:

Markings:

Birth Date:

EMERGENCY CONTACT NUMBER(S):

1. Name:

2. Name:

3. Name:

Phone:

Phone:

Phone:

Would you like your pet(s) bathed while boarding? Yes No

Boarding Price : \$20.00 > 5-20 lbs. \$25.00 > 21-60 lbs. \$30.00 > 60 lbs and over

Are any medicines necessary while boarding? Yes No

Give names of any medications and the dosage to be given:

*THERE IS A CHARGE PER DAY FOR ADMINISTRATION OF MEDICATION & SUPPLEMENTS

- 1-2 Medication/Supplements • \$2.00 / day,
 3-5 Medication/Supplements \$5.00 / day,
 Specialty Medication (Insulin / Asthma Breathing Treatments, etc.) \$10.00 / day.

FEEDING INSTRUCTIONS:

Do you have any special feeding instructions for your pet? Yes No

List any feeding instructions or special diet:

Clinic Food Owner's Food: _____

DRY:

Amount: 1/8 Cup 1/4 Cup 1/3 Cup 1/2 Cup 3/4 Cup 1 Cup 1 1/2 Cup 2 Cup
 Frequency: Once Daily (A.M) Once Daily (P.M) Twice Daily Three Times Daily

Additional Notes: _____

WET:

Amount: _____ tsp _____ tbsp 1/4 Can 1/2 Can 1 Can

Frequency: Once Daily (A.M) Once Daily (P.M) Twice Daily Three Times Daily

Additional Notes: _____

Treats: _____

Misc. Instructions: _____

PET's BELONGINGS: (carrier, toys, etc...)

Leash Collar Harness

Bed _____

Blanket _____

Towel _____

Toys _____

Bowls: _____

Other: _____

I do not hold West Palm Animal Clinic responsible for any lost or damaged belongings.

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations.
2. All animals must be free of internal & external parasites (ex. hookworm, roundworm, whipworms, tapeworms, fleas, ticks etc.), or they will be treated at owner's expense.
3. In the event of an injury, emergency or when West Palm Animal Clinic, in its sole discretion, deems medical care is important to pet's health (including, but not limited to: diarrhea, vomiting, rashes, cuts, etc.) owner authorizes West Palm Animal Clinic to make decisions involving the medical treatment of the pet and agrees to pay for all related cost, up to \$300.00. In the event that complications, injury, or death occurs due to the owner refusing Veterinarian recommended care, West Palm Animal Clinic shall not be held responsible.
4. If a tranquilizer is necessary for treatment or handling, West Palm Animal Clinic, has my permission to administer such medication.
5. **Pets must be picked up before 5:30 PM Monday thru Friday**

WEEKEND PICK-UPS

1. **Pickups must be pre-paid in full and scheduled in advanced.**
2. **Pets must be picked up only between 4:30 and 5:30 PM on weekends.**
3. **No pick-up's on holidays.**
4. **If there is a change of plans or emergency on weekends, please call Dr. Durkee's emergency phone number (561) 444-7103.**

I give permission for West Palm Animal Clinic to update my pet's vaccination in accordance to the policy listed above.

I have read the boarding requirements and understand the hospital's policies. Signature: _____

